DELAWARE INDIVIDUAL
NON-RESIDENT
INCOME TAX RETURN
FORM 200-02

or Fisc	al year beginning	and ending	_											
Your Social Security No.		Spouse's Social Security No.			FILING STATUS (N					MUST CHECK ONE)				
Your Last Name		Your First Name and Middle Initial Jr., Sr., III., etc		1. Single, Divorced Widow(er) 3				3.	3. Married & Filing Separate Forms					
Tour Last Name		Tour First Name and Middle Initial	Ji., Ji., III., etc	2. Joint				5.		Head of Household				
Spouse's Last Name		Spouse's First Name	Jr., Sr., III., etc	Check if full-year non-resident i			ent in	200	0		Form DE22 Attached	:10		
Present	Home Address (Number and Street)	Apt. #				ere a pa		esident in 2	000, 9	give t	he dates	you		
City, To	wn or Post Office State	Zip Code			From		Ì	2000	То		Ì	20	00	
					•	Month	Day			Мо	onth Da	ıy		
37.	DELAWARE ADJUSTED GROS	S INCOME (Page 2, Line 30B, C	Column 1)							37				00
38.	(a) If you elect the STANDARD					····· [			a.					
	Filing Statuses 1, 3 & 5 - \$3 (b) If you elect to ITEMIZE DED	•		ne 36					b.	38				00
39.						_	<u> </u>		υ.	00				00
00.	ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions)  CHECK BOX(ES)  If SPOUSE was 65 or over and/or Blind If YOU were 65 or over and/or Blind							_	39				00	
40.	TOTAL DEDUCTIONS - ADD LII	NES 38 & 39 and enter here								40				00
41.	TAXABLE INCOME - Subtract Li	ine 40 from Line 37, and compute	e tax on this amo	unt						41				00
42.	Tax Liability Computation	Proration	on Decimal			iability fr	om Tax I	Rate						
	A Line 30 A	(See instru	ctions, page 8)	7		Amo		_						
	B Line 30 B	00 = .		Х			00	)		42				00
120	Personal Credits (See Instruction		V ¢111	<b>.</b> _										
43a	Enter number of exemptions claimed on Federal return X \$110. = Multiply this amount by the proration decimal on Line 42 (X ) and enter total here						4	43a				00		
43b	CHECK BOX(ES) Spouse 60	`		or O	ver									
	Enter number of boxes checked Multiply this amount by the prora		X \$110. = ) and ente	r total	here					43b				00
44	Tax imposed by State of (Part Year Residents Only. Se	(Must Attach Signed Co		44						44				
45.	Other Non-Refundable Credits (S	See instructions, page 9)		45					00	45				
46.	Total Non-Refundable Credits (A	add Lines 43a, 43b, 44 and 45)								46				00
47.	BALANCE (Subtract Line 46 from	n Line 42, cannot be less than Zl	ERO)							47				00
48.	Delaware Tax Withheld (W-2's a	nd/or 1099's Required)		48					00	48				
49.	2000 Estimated Tax Paid & Payr	ments with Extensions		49					00	49				
50.	S Corporation Payments (Form	1100S/A-1 Required)		50					00	50				
51.	TOTAL REFUNDABLE CREDITS (Add Lines 48, 49, & 50)							51				00		
52.	If Line 47 is more than Line 51, subtract 51 from 47 and enter here					ΝE	52				00			
53.	If Line 51 is more than Line 47, s	subtract 47 from 51 and enter her	e				OVE	ERPAYMEI	NT	53				00
54.	CONTRIBUTIONS TO SPECIAL	. FUNDS D. Childre	n's Trust			00	]							
	A. Non-Game Wildlife		Cancer Educ.			00	1							
	B. U.S. Olympics C. Emergency Housing	00 F. Organ 00 G. Diabete	Donations	-		00	1							
	C. Efficigency floading		A through G	ınd en	iter he		 T		>	54				00
55.	AMOUNT OF LINE 53 TO BE APPLIED TO 2001 ESTIMATED TAX ACCOUNTENTER >						۲ >	55				00		
56.	PENALTIES AND INTEREST DUE (If Line 52 is greater than \$400, see estimated tax instructions)ENTER >							₹ >	56				00	
57.	7. NET BALANCE DUE (Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full)PAY IN FULL >						. >	57				00		
58.	NET REFUND - Subtract Lines 5	54, 55 and 56 from Line 53			ТО	BE REF	UNDED/	ZERO DUE	>	58				00
	Yes, I'd like my refu	and deposited directly to	my accour	it! (F	ill ou	t Sect	ion E c	n Page	2)					
	penalties of perjury, I declare that	t I have examined this return, inc	luding accompa	nying s	schedul	es and s	statemen	ts, and beli	eve it	is tru	ie, correc	and con	nplete.	
Your S	ignature	Date			Signature of Paid Preparer								Date	<del></del>
Spouse	e's Signature (If filing joint)	Date			Address-Zip Code									
Home Phone		Business Phone			Business Phone							Е	IN, SSN, OR	PTIN

STAPLE W-2 FORMS HERE

## 2000 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

SECT	TION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN	Federal	li li	Delaware Source Income/Loss				
4	Marca calarina tira ata		COLUMN 1		COLUMN 2			
1.	Wages, salaries, tips, etc	1	0	-		00		
2.	Interest	ŀ	0	-		00		
3.	Dividends	3	0	-		00		
4.	Refunds of State & local income taxes	4	0			00		
5.	Alimony received	5	0	-		00		
6.	Business income or (loss) (See instructions)	ŀ	0	-		00		
7a.	Capital gain or (loss)	ŀ	0			00		
7b.	Other gains or (losses)	7b	0	-		00		
8.	IRA distributions	8	0	-		00		
9.	Taxable pensions and annuities	9	0	-		00		
10.		10	0	-		00		
11.	Farm income or (loss)	11	0	0		00		
12.	Unemployment compensation (insurance)	12	0	0		00		
13.	•	13	0	0		00		
14.	Other income (state nature and source)	14	0	0		00		
15.	Total income. Add Lines 1 through 14	15	0	0		00		
16.	Total Federal Adjustments (See instructions)	16	0	0		00		
17.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15	17	0	0		00		
SECT	TION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS ( + )	_	COLUMN 1		COLUMN 2			
18.	Interest received on obligations of any state other than Delaware	18	0	0		00		
19.	Fiduciary adjustment, oil depletion	19	0	0		00		
20.	TOTAL - Add Lines 18 & 19	20	0	0		00		
21.	Add Lines 17 & 20	21	0	0		00		
SECT	TION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS ( - )		COLUMN 1		COLUMN 2			
22.	Interest received on U.S. Obligations	22	0	0		00		
23.	Pension/Retirement Exclusions (See instructions)	23	0	0		00		
24.	Delaware State tax refund, Delaware Lottery		0	0		00		
25.	Fiduciary, Work Opportunity Credit, Delaware NOL Carryforward	ŀ	0	0		00		
26.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion		0	-		00		
27.	TOTAL - Add Lines 22 through 26	27	0			00		
28.	Subtract Line 27 from Line 21 and enter here	28	0	-		00		
29.	Exclusion for certain persons 60 and over or disabled (See instructions)		0	_		00		
	<b>Column 2.</b> Subtract Line 29 from Line 28. This is your modified Delaware source Income.	-~ l	[ ]	_		00		
0071.	Enter on Line 42, Box A		30	λ		00		
30B.	Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.	20D	0	_				
0=0	Enter on Line 37, page 1 and on Line 42, Box B	SUD	0	U				
	FION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)	[	COLUMN 1	_				
31.	Enter total Itemized Deductions (See instructions)	31	0					
32.	,	32	0	_				
33.	Enter Charitable Mileage Deduction (See instructions)	ŀ	0	0				
34.	Self-Employed Health Insurance Deduction (See instructions)	34	0	0				
34a.		34a	0	0				
35a.	Enter State Income Tax included in Line 31 above (See Instructions)	35a	0	0				
35b.	Enter Charitable Contributions - Form 700 Tax Credits (See instructions)	35b	0	0				
36.	Subtract Line 35a and 35b from Line 34a. Enter here and on Line 38, page 1	36	0	0				
<b>SECTION E - DIRECT DEPOSIT INFORMATION</b> If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. See instructions for details.								
	a. Routing Number b. Type:	c	Checking	Savings				
	c. Account Number							

MAKE CHECKS PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8752, WILMINGTON, DELAWARE 19899-8752
MAIL REFUND DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8772, WILMINGTON, DELAWARE 19899-8772
MAIL ZERO DUE RETURNS TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711